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**DATE:** June 2007

**TO:** Holders of AHCCCS Medical Policy Manuals

**FROM:** Claire Sinay, Manager  
Maureen Sharp, Medical Policy Manager  
Office of Medical Policy and Programs, AHCCCS

**SUBJECT:** AHCCCS Medical Policy Manual (AMPM)  
Update, June 2007

We have several policy revisions this month.

### **Multiple Chapters**

The terminology related to “Therapeutic Foster Care” has been revised in several locations within the manual. The site and service of “Therapeutic Foster Care Home” and “Therapeutic Foster Care Services” are now referred to as “Behavioral Health Therapeutic Home” and “Behavioral Health Therapeutic Home Care Services.” This revision in terminology does not modify services or requirements.

Modifications related to this change in terminology are located in the following Policies and Exhibits: Policy 100, Exhibit 300-2, Policy 310 (Behavioral Health Section), Exhibit 610-1, Policy 920, Policy 1230 and Appendix G.

Individuals with questions related to this change in terminology should contact Kristin Frounfelker at 602-417-4214. The modifications referenced above will carry a 6/1/07 revision date.

### **Chapter 300, Policy 320**

Several sections within Policy 320 were reviewed and revised. Non-substantive language changes were made to update the current language and improve the readability of the text.

Please note modification related to the section on Lung Volume Reduction Surgery. AHCCCS is following current CMS guidelines. For clarity, and to assist in locating the guidelines, the National Coverage Decision (NCD) has been added to the AMPM as Exhibit 320-1. In the event that CMS changes the NCD, AHCCCS will reevaluate and may revise policy.

All sections that were reviewed carry the revision date of 6/1/07. Individuals with questions related to modifications to Policy 320 should contact Michelle Gonzales at 602-417-4076.

## **Appendix G**

As noted above, several modifications have been made due to changes in terminology related to Therapeutic Foster Care.

Additionally, please see “Behavioral Health Therapeutic Home Care Services” policy located on page 17. In addition to the change in terminology related to Therapeutic Foster Care, there is a change in service codes. The change in service codes was effective 1/1/07 and has been previously communicated with providers.

Also please note the modification on page. 13, “Inpatient Hospital Services.” There is a modification made to provider qualifications. This modification clarifies AHCCCS’ expectations related to hospital certifications required to care for members 21 or over.

Questions related to modifications to Appendix G should be directed to Kristin Frounfelker at 602-417-4214.

## **TO UPDATE YOUR AMPM:**

### **Chapter 100**

Replace entire Chapter with revised Chapter 100.

### **Chapter 300**

Replace Chapter Table of Contents with the revised TOC.

Replace Exhibit 300-2 with the revised Exhibit 300-2.

Replace pages 310-1 through 310-6 with the revised pages 310-1 through 310-6.

Replace pages 320-1 through 320-30 with the revised pages 320-1 through 320-28.

Add Exhibit 320-1.

### **Chapter 600**

Replace Exhibit 610-1 with the revised Exhibit 610-1.

### **Chapter 900**

Replace pages 920-1 through 920-12 with the revised pages 920-1 through 920-12.

## **Chapter 1200**

Replace pages 1230-1 through 1230-5 with the revised pages 1230-1 through 1230-5.

Replace Exhibit 1230-1 with the revised Exhibit 1230-1.

## **Appendix G**

Replace title page with the revised title page.

Replace pages 1 through 2 with the revised pages 1 through 2.

Replace pages 11 through 14 with the revised pages 11 through 14.

Replace pages 17 through 18 with the revised pages 17 through 18.

Replace pages 35 through 36 with the revised pages 35 through 36.

Replace pages 47 through 48 with the revised pages 47 through 48.

Replace page 66 with the revised pages 66-67.

Add Transmittal History.

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